



INTEGRATED MANAGEMENT SYSTEM

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PACKAGE CHECK-OFF SLIP

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BANGLADESH POWER DEVELOPMENT BOARD

PACKAGE CHECK-OFF SLIP

Purchase Order No. with Date.....Supplier.....
Name of Ship.....B/L No.....Country of Origin.....
Airline.....Airways Bill No.....Date.....
Railway Receipt No.....Date.....Wagon No.....
Delivery Challan No.....Location of Warehouse.....
Carrier/Truck No.....

Sl. No.	Description of Package	Measurement of Package	Weight	Remarks

Checked by:
Name:
StoreKeeper

Signature of
Stores Officer/Officer In-charge, Stores

Prepared By		Approved By	
Reviewed By			